PROJECT: Dentists Care
PDC Coordinator Quarterly Report

Please fill in all columns tallying the numbers from all of your PDC Volunteer dentists quarterly reports and return to Project: Dentists Care, Inc., FDA Headquarters Office on a quarterly basis.
FAX to: (850) 561-0504 (April, July, October and January).

QUARTER January – March (submit by April 15) YEAR _____ PDC COORDINATOR _____
Component Dental Assn._____ Affiliate Dental Assn. _____

NUMBER OF VOLUNTEER DENTISTS	NUMBER OF VOLUNTEER HYGIENISTS (H) ASSISTANTS (A)	NUMBER OF VOLUNTEER HOURS PER DENTIST	NUMBER OF CHILDREN (AGE 0-17) TREATED PRO BONO	NUMBER OF ADULTS (AGE 18 AND OVER) TREATED PRO BONO	NUMBER OF CHILDREN (AGE 0-17) TREATED "REDUCED FEE"	NUMBER OF ADULTS (AGE 18 AND OVER) TREATED "REDUCED-FEE"	NATURE OF DENTAL SERVICES PROVIDED	NUMBER OF "NO SHOWS"	DOLLAR VALUE OF ALL DENTAL SERVICES PROVIDED
TOTALS									

Appendix E